

AUDIT OF REGISTRATIONS AND SUPPLIES

The following is an accurate and true account of all persons registered by me and the registration forms supplied by the Election Authority.

Date

Deputy Registrar

Political Subdivision

PCT.	NAME	ADDRESS	PHONE
1.			
2.			
3.			
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20.			

Date
AUDIT OF FORMS

- | | |
|-----------------------|-------------------------|
| 1. Total issued _____ | 3. Mutilated _____ |
| 2. Less used _____ | 4. Total returned _____ |

(SEAL)

(Election Authority)